

INVOICE FORM INSTRUCTIONS

Top Section

Indicate date invoice was prepared. Provide the Principal Investigator's name, Institution name and complete address. Provide the Invoice Number, Agreement Number, and Period of Invoice. If payment address differs from address on signed agreement, check box and submit a letter and revised STD 204 to your assigned contract analyst indicating new payment address.

Column 1 - Budget Categories

- A. Personnel Expenses: Include employee names and position titles. If a position is unfilled, enter the title and indicate that the position is vacant. Additional lines, or an additional sheet, may be added if space provided is not sufficient.
- B. Fringe Benefits: Provide actual fringe benefits percentage rate billed for the invoice period in the space provided and calculate the actual amount as a percentage of the Personnel Expenses line item.
- C. Operating Expenses: Include all expenses identified in the budget justification. Provide only lump sum expenses. Do not include detail for each line item.
- D. Equipment Expenses: Include the purchase and rental costs of any equipment identified in the budget justification. Any invoice containing equipment expenses must be accompanied with a completed Exhibit A-1.
- E. Travel and Per Diem: Include travel and training expenses as identified in the budget justification and in accordance with reimbursement rates identified in agreement.
- F. Subcontracts: Include costs associated with subcontractors as identified in the budget justification. Each subcontractor must be listed separately. Additional lines, or an additional sheet, may be added if space provided is not sufficient.
- G. Other Costs: Include all other costs, as identified in the budget justification. Costs must be listed individually. Additional lines, or an additional sheet, may be added if space provided is not sufficient.
- H. Total Direct Costs: Add Items A-G to compute the Total Direct Costs.
- I. Indirect Costs: Provide the actual indirect costs percentage rate billed for the invoice period in the space provided and calculate the amount as a percentage of the Modified Total Direct Costs.
- J. Total Expenses: Add Items H-I to compute the Total Expenses.

COLUMN 2-APPROVED BUDGET: Indicate the amount for each line item per the approved budget. Amounts entered in this column should reflect amounts in approved agreement budget for the appropriate fiscal year and cannot be changed without prior approval of CRS.

COLUMN 3-ACTUAL EXPENSES THIS PERIOD: Record the actual expenses for each line item during the invoice period. For budgeted line without expenditures during the invoice period, signify with -0-. For line items without an allocation, indicate N/A.

COLUMN 4-CUMULATIVE EXPENSES TO DATE: Record the cumulative total of all expenses for each line item paid through the current invoice period.

COLUMN 5-UNEXPENDED BALANCE: Record the difference between columns 2 (Approved Budget) and Column 4 (Cumulative Expenses to Date). Column 2 less Column 4 should equal Column 5.

LESS 10% WITHHOLD: Calculate 10% of Item J, Total Expenses

TOTAL PAYMENT REQUESTED: Calculate the total payment requested by deducting the Less 10% Withhold from Item J, Total Expenses.

SIGNATURE SECTION: All invoices must have an original signature (in blue ink) by an authorized representative from the Institution.